MDPH/OEMS
TRAINING CURRICULUM

EPINEPHRINE AUTO-INJECTOR

STUDENT ELIGIBILITY

1. Enrolled in DPH approved, Basic EMT/EMT-Intermediate training program with approved epinephrine auto-injector module.
2. Currently certified EMTs in either a DPH-approved mandatory EMT refresher, and/or EMT recertification credit courses, with or consisting of an approved epinephrine auto-injector module.
3. Other emergency personnel authorized to receive auto-injector training.

FACULTY

Physician, Physician Assistant, Adult Nurse Practitioner, Registered Nurse, EMT-Paramedic, proficient in use of epinephrine auto-injector or a Basic EMT Instructor/Coordinator currently authorized in use of an epinephrine auto-injector.

CURRICULUM LENGTH

1. Initial EMT Training Program (Basic or Intermediate level) - Incorporate information into existing curricula, during "Shock" class(es), with no need for additional time.

2. EMT Refresher Training Program (Basic or Intermediate level) - Incorporate into existing curricula, during "Shock" class(es), with no need for additional time.

3. EMT Recertification Credit Program (Basic or Intermediate level) - One (1) hour minimum (see attached curriculum). May be incorporated with review of other types of "Shock" or "Medical Emergencies" to achieve a two or three hour program.
4. First Responders or other personnel – One (1) hour minimum (see attached curriculum) May be incorporated with other types of EMS training to achieve sa two or three hour program.

MATERIALS

Instructor - Product literature from manufacturer of epinephrine auto-injector that includes: information on use of product (indications & contraindications); storage; precautions & warnings; adverse reaction information and dosage information, at a minimum; current copies of state EMS regulations 105 CMR 170.000 et seq and state Food & Drug regulation 105 CMR 700.003 (D); copy of current, DPH approved Epinephrine Auto-injector Training curriculum, Statewide treatment Protocols.

Students - Copy of current state epinephrine auto-injector protocol; one (1) operable epinephrine auto-injector trainer per student; alcohol preps.

Copy of current, valid affiliation agreement with local hospital

TESTING/EVALUATION

Course Instructor will test all students on their ability to follow state protocol for use of epinephrine auto-injector and proper use of trainer device.

CERTIFICATION/AUTHORIZATION

There is no state certification for Epi-Pen use, however personnel must be currently trained and authorized to use epinephrine auto-injector as a member of an authorized emergency service. See state EMS regulations 105 CMR 170.104 (2) (c); 170.235 (F); 170.810 (F); and the state Food & Drug regulations, 105 CMR 700.003 (D).

CRITERIA FOR COMPLETION

- Attendance - all participants must sign OEMS attendance roster
- Practical Exam - ensures knowledge of and compliance with treatment protocol.
- Written Exam (Optional, at discretion of course instructor)

MAINTAINING AUTHORIZATION TO PRACTICE

- Regional & Local Requirements
- Continuing Education
- Skill Maintenance
- Quality Assurance Review for Compliance With Treatment Protocol

CURRICULUM

1. PURPOSE - the purpose of this curriculum is to provide the necessary information and guidelines to train qualified Massachusetts prehospital personnel in the specific use and administration of an epinephrine auto-injector, solely for the emergency, prehospital management of a person suffering a severe allergic reaction, in the absence of a physician or other authorized practitioner.

2. OBJECTIVES

A. Demonstrate knowledge of anaphylaxis; definition, causes, signs and symptoms.
B. Demonstrate knowledge of prehospital treatment for anaphylaxis.
C. Demonstrate ability to properly administer epinephrine by use of epinephrine auto-injector.
D. Demonstrate knowledge of requirements for storage, inspection, handling and disposal of epinephrine auto-injector.

3. DEFINITIONS

4. PATHOPHYSIOLOGY

5. CAUSES OF ANAPHYLAXIS

6. SIGNS & SYMPTOMS

GENERAL PRINCIPLE:
The faster the onset of symptoms, the faster treatment is needed.

7. BASIC PREHOSPITAL MANAGEMENT

8. ADMINISTRATION GUIDELINES

9. INSTRUCTIONS ON USE

10. PHARMACOLOGY OF EPINEPHRINE - See product literature specific to device(s)

11. STORAGE, HANDLING & DISPOSAL

12. DOCUMENTATION

Massachusetts Department of Public Health
OFFICE OF EMERGENCY MEDICAL SERVICES
APPLICATION FOR APPROVAL
EPINEPHRINE AUTO-INJECTOR TRAINING

Please enter Program Coordinator's name and address of the sponsoring institution in the space provided.
All information must be typed or printed. Attach your outline to this application.

1. Course Date_____ 2. Start Time_____ 3. End Time_____
4. Total Number of Continuing Education Hours requested_____

SPONSORSHIP
5. Sponsoring Institution
Address
6. Exact Location(s) of training (address, building, room number, etc.):

Didactic lecture hall or classroom

Practical skill laboratory

KEY PERSONNEL
Those signing below have read the relevant state EMS regulations, the Epinephrine Auto-Injector Training Manual and Curriculum, and the Treatment Protocol and agree to abide by the requirements stated therein.

7. Medical Director:

_____ M.D. _____
Name Medical Specialty/Practice

_____
Hospital Affiliation Telephone

_____
Signature Date

8. Training Coordinator:

_____
Name Credential or Medical Specialty

_____
Hospital or other EMS Affiliation Telephone

_____
Signature Date

9. Executive Officer, Sponsoring Institution:

_____
Name Title

_____
Signature Date

10. List Instructors and Instructor Aides;
also, Examiners for the Practical skill exam.

	Will function as: Instr.	Instr. Aide	Examiner
Name:_____			
Credentials_____	( )	( )	( )
Name:_____			
Credentials_____	( )	( )	( )
Name:_____			
Credentials_____	( )	( )	( )
Name:_____			
Credentials_____	( )	( )	( )
Name:_____			
Credentials_____	( )	( )	( )
Name:_____			
Credentials_____	( )	( )	( )

PARTICIPATING AMBULANCE/FIRST RESPONDER AGENCIES

11. List agencies, communities served and if use of epinephrine auto-injector will be provided as part of a transporting ambulance service, first responder service or both.

NAME OF AGENCY	COMMUNITIES	AMB	Qualified F/R
_____	_____	( )	( )
_____	_____	( )	( )
_____	_____	( )	( )
_____	_____	( )	( )
_____	_____	( )	( )
_____	_____	( )	( )
_____	_____	( )	( )
_____	_____	( )	( )
_____	_____	( )	( )

(If additional space is needed to list faculty or agencies, make additional copies of this page of the application and insert them immediately following this page.)

MATERIALS

12. Text(s) to be utilized: _____

Describe/List other Handout materials: _____

_____

13. Epinephrine Auto-injector device to be utilized:_____

(Manufacturer):_____

* *

- Four weeks prior to the planned start date of each separate training class, mail or deliver two completed copies of PART A of the EPINEPHRINE AUTO-INJECTOR PACKET (the educational component) to the Regional EMS Council. The Regional EMS Council will review the application and forward comments and recommendations to OEMS.[1]

- For each ambulance or first responder service coming on line in an epinephrine auto-injector system, deliver two completed copies of PARTS B & C of the EPINEPHRINE AUTO-INJECTOR PACKET (the operational component) to the Regional EMS Council. The Regional EMS Council will review the application and forward comments and recommendations to OEMS.[1]

* *

REGIONAL REVIEW Region:_____

( ) The Regional Council RECOMMENDS APPROVAL of the TRAINING PORTION of this epinephrine auto-injector program

( ) The Regional Council DOES NOT RECOMMEND APPROVAL of the TRAINING PORTION of this epinephrine auto-injector program at this time and further recommends that the following areas of the training be addressed:

( ) Didactic/Lecture ( ) Practical Skill Training

( ) Faculty personnel ( ) Other

A detailed summary of concerns/recommendations is attached.

Name & Title of Regional Council Representative

_____ _____ _____

Signature Date

* *

This program meets all requirements for OEMS approval and is assigned:

OEMS USE ONLY APPROVAL NUMBER_____

(___) hours of Continuing Education at the Basic Level

Approval Authority_____ Date _____

(___) hours of Continuing Education at the ( )INTERMEDIATE

Approval Authority_____ Date _____

_____

EPINEPHRINE PACKET PART B OEMS Form #200-9

MODEL MEMORANDUM OF AGREEMENT
EPINEPHRINE AUTO-INJECTOR PROGRAM

THIS AGREEMENT is made and entered into on _____
(date)
and is between _____, hereinafter known as "the HOSPITAL"; and _____, hereinafter known as "the PROVIDER SERVICE".

THE PURPOSE of this agreement is to establish a training and quality assurance program for the utilization of the epinephrine auto-injector device and procedures by authorized personnel employed by the PROVIDER SERVICE who will function under the medical control supervision of a physician medical director affiliated with the HOSPITAL.

This agreement is required by Massachusetts Department of Public Health regulations 105 CMR 170.00 et. seq. and 105 CMR 700.000 et seq., for provider services that elect to implement a Basic Life Support program for use of an epinephrine auto-injector.

THEREFORE, THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

THE HOSPITAL AGREES;

1. To identify a Medical Director to assume full responsibility for all medical control aspects of the program;
2. To conduct epinephrine auto-injector training programs that are approved by the Massachusetts Department of Public Health;
3. To establish through the Medical Director, a credentialing process that provides authorization to practice for qualified EMS personnel appropriately trained and tested in the use of an epinephrine auto-injector;
4. To establish a quality assurance program that reviews all patients presenting with signs or symptoms of anaphylaxis and all uses of the epinephrine auto-injector device and which provides for ongoing education and the regular evaluation of skill competency necessary to maintain current authorization to practice;
5. To maintain a system wide data base for the epinephrine auto-injector training program(s); uses of the device (see Appendix A), and to provide summary reports to the Department of Public Health upon request;
6. To assist the PROVIDER SERVICE in obtaining and replacing epinephrine auto-injector devices.

MODEL MEMORANDUM OF AGREEMENT

EPINEPHRINE AUTO-INJECTOR PROGRAM

THE PROVIDER SERVICE AGREES;

1. To maintain with the HOSPITAL and the Medical Director and keep on file, an up to date roster of all qualified EMS personnel currently employed by the PROVIDER SERVICE who are authorized to use the epinephrine auto-injector;
2. To participate in all quality assurance procedures established by the HOSPITAL and the Medical Director including case review, skill competency evaluations and submission of trip reports and other related records;
3. To utilize and abide by the written protocol established by the MDPH/OEMS for the use of an epinephrine auto-injector device;
4. To establish written policies for proper storage, regular inspection and periodic replacement of all epinephrine auto-injector devices;
5. To utilize only that device(s) which is approved by the HOSPITAL and the Medical Director;
6. To establish protocols that will ensure appropriate interaction between auto-injector trained personnel and advanced (Paramedic) providers that are utilized and available;
7. To assure continuity of care when a service other than the PROVIDER SERVICE transports the patient. This will be done by establishing written protocols with other services, as appropriate.

IT IS AGREED BY BOTH PARTIES that this memorandum of agreement may be terminated, with sixty (60) days prior written notice, by either party.

HOSPITAL Chief Executive Officer;

_____	_____
Print Name	Title
_____	_____
Signature	Date

PROVIDER SERVICE Director;

_____	_____
Print Name	Title
_____	_____
Signature	Date

Medical Director;

_____	_____
Print Name	Title
_____	_____
Signature	Date